IA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A

2007 OCT -3 AM 7:56

DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics '

Reset Form

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics

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and Campaign Disclosure Board and the Government Oversight Co provide a copy of this report to the Government Oversight Committe filed within 20 days of receipt of the gift, bequest, or grant.	mmittee. The Board will e. This form is required to be	Checked
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, O	R GRANT:	
Iowa Governor's Office of Drug Control Policy		
Name of Department or Office 401 Sw 7th Street, Suite N	: Maines, Iawa 50309-4636	
Mailing Address City	y, State, Zip Code	
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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	<u> </u>	
	<u> </u>	
Dale R. Woolery, Assistant Drug Policy Coordinator Name		
	All All all markets and for	The selection of the se
Mailing Address (if different from above) date.wooler@iowa.gov	City, State, Zip (if different fro	om above)
Email Address	Area Code & Telephone Nur	mber (if different from above)
U.S. Dept of Justice, Bureau of Justice Assistance  Name 810 Seventh Street, NW Washington, DC 20531  Mailing Address City, State, Zip Code 202/514-0712  Area Code & Telephone Number  Email Address (optional)	09/06/2007  Date of Gift, Bequest, or Gra "value is defined as "fair man receiving department or office	rket value" of ilem as determined by
Provide a description of the gift, bequest, or grant and purpose thereof:  Grant #2007GFCX0030, Project Safe Neighborhoods (FSN), Northern District, s nationwide concessary (sols. FSN 1) takes a hard line against gan eximinals, using every swellable means to local law enforcement; and 3) empharizes incided intelligence gathering, norse aggressive probes in each federal judicial district will lead the offensive. The fiscal agent, in coordination with the	create safer neighborhoods; 2) teeks (0 achievo) cutions, and embanced accountability through too	heightened coordination among lederal, state, and coordinates. The United States Attorney
Criteria to use this form:		
		on behalf of the plate
Receipt of any gift, bequest, or grant that is received by any department	of the state or received by the Gove	rnor on benait of the state.

## Statement of Affirmation:

Dale R. Woolery Date R. Woolery affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature Wood

9/27/07

Date

Revised 06/05

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Gift, Bequest, or Grant information received by a department of

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DEPARTMENT OR OFFICE RECEIVING THE GIFT.	BEQUES I.	VΝ	ייוואאט

CO1 0/21 -3 Km.	Fax: (515)281-4073 www.lowa.gov/ethics	Reset Form	accepted by the Governor on behalf of the state
owa Code section 8.7 require tate of lowa or received by the and Campaign Disclosure Boo mylde a copy of this report to	es all gifts, bequests, and grants given to a ne Governor on behalf of the state be repo ard and the Government Oversight Comm to the Government Oversight Commiltee. of the gift, bequest, or grant.	rittee. The Board will	For office use only. Indexed Audiled Checked Computer
	RECEIVING THE GIFT, BEQUEST, OR C	GRANT:	
Name of Department or Office	e of Drug Control Policy		
401 SW 7th Street, Suite N Mailing Address	Dos Mo City, S	oines, Iowa 50309-4636 Itale, Zip Code	
siszuz-6391 Area Code & Telephone No.			
	ECIPIENT DEPARTMENT OR OFFICE:		
Dala D. Washama Assistant Day	a Policy Coordinator		
Dale R. Woolery, Assistant Dru Name	Bronof continuor		
	n ahara)	City, State, Zip (if different in	om above)
Mailing Address (if different fro date.woolery@iows.gov	m above)	•	
Email Address		Area Code & Telephone Nu	mber (if different from above)
	jift, bequest, or grant and purpose thereof:	receiving department or office	rkel value" of item as determined by ce. If no value mark "0.00".
	Noighborhoods (Pan), accurate District, a uniconvice countries into against gun criotinals, using every available means to croatizes ractical intelligence gathering, more aggressive prosecution the offensive. The fiscal agent, in coordination with the PSI		
Criteria to use this form: Receipt of any gift, bequest,	or grant that is received by any department of t	the state or received by the Gove	ernor on behalf of the state.
Statement of Affirmation: Dale R. Woolery onor and assessment of the fai	affirm that the gift, bequest, or grant reported a ir market value (if applicable) is correct and true	above is accurate. I further affirm to the best of my knowledge.	that the information concerning the
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T> P	Wooley	9/27/	07

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAMPAIGN DISCL 519.EAST 12TH, SUITE 1A ANDES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethice

Reset Form

lowa Code section 6.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

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Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state

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Computer	-

Iowa Governor's Office of Drug Con	ntrol Policy
Name of Department or Office	
401 Sw 7th Street, Suite N	Des Moines, Yoyra 50309-4636  City, State, Zip Code
Mailing Address 513/242-6391	Ony, state, 24 ooc
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEP	ARTMENT OR OFFICE:
Data Daties Assistant Date Baline Conndition	
Dale R. Woolery, Assistant Drug Policy Coordinat	WI .
Mailing Address (if different from above)	City, State, Zio (if different from above)
dale woolcry@iowa.gov Email Address	Area Code & Telephone Number (if different from above)
Email Address	Allea deuc a l'elighterio trainine (il allice et l'elighterio
OONOR OF GIFT, BEQUEST, OR GRANT:	
U.S. Dept of Justice, National Institute of Ju-	stice
Name	
810 Seventh Street, NW Wash	nington, DC 20531
Mailing Address City, St	hate, Zip Code \$ 112,977.00
202/305-2436	Date of Gift, Bequest, or Grant Amount/Value*
Area Code & Telephone Number	
,	*value is defined as "fair markel value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	Teceiving department of onice. If no value main vivo
Enton / Moroso (opinorial)	
Provide a description of the gift, bequest, or gra	ant and purpose thereof:
	rdell Forensic Improvement Grant funds are to be used to improve the quality and timeliness of forensic
colence and medical examiner services and/or to	o eliminate backlogs in the analysis of forensic evidence, including controlled substances, firearms
examination, forensic patholey, latent prints, qu	estioned documents, toxicolgy, and trace evidence.
Criteria to use this form:	
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rescapt or any girt, bequeat, or grant mat is re-	
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Statement of Affirmation:	
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Statement of Affirmation:  Dale R. Woolery affirm that the gift oner and assessment of the fair market value (if	applicable) is correct and true to the best of my knowledge.
Statement of Affirmation:  Dale R. Woolery affirm that the dift	applicable) is correct and true to the best of my knowledge.